BERNARD F. WILLI OUTDOOR POOL SEASON PASS

NAME:							
ADDRESS:			CITY, STATE, ZIP:				
EMAIL:			CELL PHONE:		HOME PHON	IE:	
FAMILY F	PASS - \$120 Must be pur	chased at City Hall	ADULT SINGLE- \$6	<u>0</u>	YOUTH SIN	IGLE- \$50	
(\$15 discount if <u>CITY RESIDENT</u> *)			(\$5 discount if <u>CITY RESIDENT</u> *)		(\$5 dis	(\$5 discount if <u>CITY RESIDENT</u> *)	
INCLUDES ONE HO	INCLUDES ONE HOUSEHOLD ONLY, ALL RESIDING AT THE SAME ADDRESS					ANY SINGLE YOUTH UNDER AGE 18	
THERE IS A MAXIMUM OF TWO ADULTS PER FAMILY POOL PASS			ANY SINGLE ADULT OVER AGE 18				
	ALLOWED PER PASS (does not	,			ANY CHILDREN UNDER AGE 8 MUST BE ACCOMPANIED		
PASS INCLUDES 5 PEOPLE. ADDITIONAL PEOPLE ON PASS ARE \$5 EACH					BY A RESPONSIBLE GUARDIAN OLDER THAN AGE 13		
*CITY RESIDENTS	ARE CLASSIFIED AS RESIDING W	VITHIN THE <u>CITY LIMITS</u> OF CHIPPEN	WA FALLS				
	•	/ING ADDRESSES THAT HAVE A NUM					
NOTE: Having a "	"Chippewa Falls" address does i	not necessarily mean you reside in	the city limits i.e. HALLIE AI	ND LAFAYETTE WOULD BE CO	NSIDERED NON RESIDE	ENTS	
MEMBERS ON	PASS - PLEASE FILL OUT (COMPLETELY - Include payer	name if they should be	included on pass			
FIRST NAME		LAST NAME		BIRTHDATE	M/F	RELATIONSHIP (mom, dad, child)	
Babysitter:							
PLUS \$5:							
PLUS \$5:							
PLUS \$5:							
PLUS \$5:							
Babysitter spot i	is optional space. Can be use	ed as an additional family memi	ber if needed.				
FOR OFFICE US	SE:						
Type of pass: Additional Me		ember Fees:		Total Paid:			
CHECK/CASH:		Date:					
Check # if appl	licable:		Employee Name:				